

TRANSCRIPT

LEGISLATIVE COUNCIL ECONOMY AND INFRASTRUCTURE COMMITTEE

Inquiry into the Increase in Victoria's Road Toll

Melbourne—Tuesday, 7 July 2020

(via videoconference)

MEMBERS

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Mr Andy Meddick

Dr Catherine Cumming

Mr Craig Ondarchie

Mr David Davis

Mr Gordon Rich-Phillips

WITNESSES

Associate Professor Stuart Newstead,

Professor Brian Fildes,

Associate Professor Sharon Newnam,

Dr David Logan, Senior Research Fellow,

Dr Karen Stephan, Senior Research Fellow, and

Professor Max Cameron, Monash University Accident Research Centre.

The CHAIR: Welcome to the Economy and Infrastructure Committee's public hearing for the Inquiry into the Increase in Victoria's Road Toll. I wish to welcome any members of the public that are watching via the live broadcast.

Before I start I will also read a short statement to all witnesses. All evidence taken at this hearing is protected by parliamentary privilege as provided by the *Constitution Act 1975* and further subject to the provisions of the Legislative Council's standing orders. Therefore the information you provide during this hearing is protected by law. However, any comment repeated outside the hearing may not be protected. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament. All evidence is being recorded. You will be provided with a proof version of the transcript following the hearing. Transcripts will ultimately be made public and posted on the committee's website.

We welcome your opening comments, but I ask that they be kept to a maximum of 5 to 10 minutes to allow time for discussion. Can I please remind members and witnesses to mute their microphones when not speaking to minimise interference. If you have any technical difficulties, please disconnect and contact committee staff with the contacts you have been provided. Could you please give your names for the benefit of our Hansard team, and then begin your presentation. Thank you. I will hand over to our witnesses.

Assoc. Prof. NEWSTEAD: Thank you, Chair, for the opportunity to make a submission to this inquiry and also for the opportunity to come and speak to this committee hearing. We have a short presentation, which we will put up now.

Visual presentation.

Assoc. Prof. NEWSTEAD: Our response to this committee has been against the terms of reference which were clearly defined in the inquiry briefing. Today we will give a short presentation to cover some key aspects under each of those terms of reference. We have brought with us a range of experts from the Monash University Accident Research Centre. My name is Associate Professor Stuart Newstead, and I will introduce our other witnesses as we go through. We will each make a short number of points under each of the terms of reference, with those points broken up between the experts in each area that are sitting in the hearing today.

Without further ado, I will start. Term of reference 1 talked about the current Victorian road safety strategy and whether it is likely to reach the projected 200 fatalities per year by 2020. MUARC has undertaken a range of modelling exercises of the road safety strategy and has projected where that strategy is likely to take us by 2020. Indeed MUARC was involved in the analysis of the original strategy formulation, and so we feel we are reasonably expert to comment on this.

One of the things I would say to start with is that when we are focusing on road fatalities, there is a higher degree of variability in road fatalities from year to year. Without a change in real underlying risk of the system, we can actually see quite substantial variation up and down. MUARC's originally made projections are interesting to compare against what we have seen in 2019 as the road toll, and it is also interesting to compare it to 2018. Now, what we would say is both of those years had a road toll which was certainly within the bounds of what we predicted in terms of statistical variation. 2018 was particularly low—it was on the lower end of what we would have expected—and subsequently 2019 was on the higher end of what we would have expected. Both of those were in the bounds.

Our key message here, really, is that it is not necessarily productive to focus on a year-to-year physical number but to look at what the road safety strategy has managed to deliver and to assess that against likely progress—but also to accept that the figures that we see from year to year will have natural variation. We should not get too excited and pat ourselves on the back when we have done really well, and by the same token we should not necessarily knee jerk and become too upset when it reaches a high end of what we expect but understand that. What we can say in our projections is that we actually do not believe that the road toll will reach the target of 200 by 2020. Our modelling suggests this is largely because Victoria has been working against significant upward pressure on the road toll, with record population growth and travel growth that has gone with it. That has certainly created pressure on the road toll statistics which was not envisaged when this strategy was put forward initially. Victoria has seen unprecedented population growth, which has put pressure on.

Providing road safety is like any other public health issue, if you like, in that the more people we have, the more exposure they have, really, the more effort we need to go to and the more expenditure we need to make to bring that road toll down to a level where we have gained. So with the increase in exposure and population over that time, there probably has not been enough additional investment to bring the road toll down to where it was aimed to be by 2020, and that needs to be acknowledged. Certainly I would finally add on this slide that really what we need to do is continue scientific assessment of what has been delivered under the strategy and assess how that has compared to what was aimed for and what is needed based on that additional population growth that has been unanticipated over the period. So they are our comments on terms of reference 1.

I will now hand over terms of reference 2 for Professor Max Cameron to speak to.

Prof. CAMERON: Thank you, Stuart. Our focus in terms of reference 2 has been very much on the drug driving and the roadside drug testing, and what has been very apparent in recent years is this enormous increase in the use of methamphetamine, or ice, and its role in road trauma. It has far outstripped cannabis or THC in contributing to serious crashes. We have done a lot of analysis, but at the time of our submission we had not quite completed the work on the relationship between fatal crashes and drugs. But our presentation now will update those results.

In 2018–19 there was a plan by the police to increase the roadside drug tests by 50 per cent to 150 000, with a special focus on especially the targeted testing aimed very much at ice. Now, unfortunately the plan just did not occur as scheduled. The focus on targeted testing was not as great as planned, and at that stage the reductions in deaths were smaller than expected. I think that is a partial explanation for the increased road toll in 2019, but as I will show you on another slide there is certainly room for much more expansion in the roadside tests, especially the targeted testing. Up to some 390 000 tests per annum would be called for and be justified on economic criteria, and that would represent a saving of some 46 fatal crashes and over 130-odd serious injury crashes.

Can we have the next slide, Stuart. This shows you the situation that was planned to be the case in 2018–19, with the 50 per cent increase from just over 100 000, especially the increase in the targeted roadside tests, and you can see that that would have represented a saving of over 23 fatal crashes and nearly 56 serious injury crashes.

The next slide: this is what actually happened in the first part of that financial year. We do not have data for the full financial year, but the first 45 weeks indicate that the changes certainly were not as expected, especially in the Melbourne metro area, and in fact there was an overall drop in the offence detection rate, which worked against the original plans to seriously address the role of ice in serious trauma. So in that financial year perhaps only a saving of three fatal crashes and 16½ serious injury crashes, but there is good news ahead—on the next slide.

This would represent the situation if the amount of testing was increased up to the level where it is no longer economically justified to increase the tests, but that is a fair way off, some 390 000 roadside tests with a much greater emphasis on the targeted testing than the random drug testing, a saving of 46 fatal crashes and over 130-odd serious injury crashes could be achieved by that type of increase in random roadside testing.

Assoc. Prof. NEWSTEAD: I will ask Max now to continue on to talk on terms of reference 3 on the adequacy of the current speed enforcement measures and speed management policies.

Prof. CAMERON: We have looked carefully at the mobile speed cameras. The government announced in recent times that it was going to increase mobile cameras by 75 per cent. I think just to increase the hours without other changes would be a backward step, especially in rural Victoria. There are serious doubts whether the mobile cameras are as effective as they could be. We have done a lot of research in Queensland looking at their mobile speed cameras and found that their very careful attention to site selection based on crash history and also the randomisation of the enforcement at individual sites have led to greater crash reductions than the Victorian program achieves. So we have recommended a move to operating the mobile cameras in the same way as Queensland. The same types of site selection criteria and randomising of the scheduling for a minimum of at least 35 hours per site per year would achieve substantial reductions. If they were to increase the number of rural sites by 75 per cent, this would represent a potential saving of another 22.5 fatal crashes and over 172 injury crashes and would be highly cost beneficial. That is using traditional mobile speed cameras, but a new technology—so-called mobile point to point, which can measure average speed over many, many kilometres of road—has potential to go even further in rural road trauma reduction, better than the mobile spot speed cameras.

Assoc. Prof. NEWSTEAD: Thank you, Max. I will just invite Professor Brian Fildes to talk on speed limits in local streets under term of reference 3.

Prof. FILDES: Okay. There are really three key points, but since the submission was put together at the end of January we have now completed a report that I would like to also include in the discussion. But to start off with: there is strong local and mainly community council support for lower speed limits, and that goes right across the globe. I will touch on that a bit at the end. We have just completed an evaluation of the trial. That was conducted in the City of Yarra. I guess we are all Victorians. That really included both Fitzroy and Collingwood areas. We started this study several years ago. It is a before and after study with a control group involved. What we have found from the trial, which was only completed really in the last few months, was there was only a 1 per cent reduction in mean speed, which was not too surprising given that the average speed prior to the treatment was less than 30 anyway, so in a sense it was more just a catch-up of what was actually happening. What we did find, though, was that there were also reductions in the control area, and that came down to, I guess, a carryover effect, given that the control area was closely linked to the trial area itself. That was a bit of a compounding factor, but it did not really have a major effect on the results of the study. What we found was that while there was not much in the way of a mean speed reduction, there were significant reductions, though, in terms of those vehicles that were travelling above 30, above 40 and above 50, and particularly the last two. That is when you take control—when you adjust for the findings in the control site. So there is clearly a benefit in terms of getting speed reductions and particularly for those in the area where people are most likely to be seriously injured, which are in the higher speed zones.

Looking at it in terms of what that means, we estimated, which we could only do in a trial such as this, what is the likelihood of a fatal and serious injury to potentially vulnerable road users. They are the people who will benefit, I think, from speed limits in local streets. It was not a major reduction. It went from a somewhere between 4 and 6 per cent reduction in likelihood of being killed or seriously injured, but again, that is a fairly sizeable reduction to a fairly vulnerable group of people in their own residential streets. So I guess our conclusion was that, I think, there is some merit in considering a 30-kilometre-an-hour speed limit in local streets. I stress the local streets. The speed limits in the feeder streets to that trial were running at 40 kilometres an hour.

So that is where we stand. We know there are very few examples currently in Australia of 30-kilometre-an-hour speeds in local streets, but I think those results give us confidence that it is something worth pursuing. The Melbourne City Council in fact has implemented 30-kilometre-an-hour speed limits in their city district, particularly where there are large collections of pedestrians and cyclists.

The final comment I just wanted to make: in February this year there was the third global ministerial conference in Sweden, and there came from the conference, from the meeting, really a series of recommendations, or declarations I would call them. I just wanted to touch on one of those, and this was recommendation 11, which was the focus on speed management. Indeed what they are arguing for is that countries should mandate a maximum travel speed of 30 kilometres an hour in areas where vulnerable road users and vehicles mix in a reasonably frequent and a planned manner, I guess.

So I think what our results have shown so far is that there is merit in considering it, and I think, with the pressure, once countries start to think seriously about it, that we will see a much greater use of 30-kilometre-an-hour local streets. That is all I have got to say, Stuart, unless there are any questions.

The CHAIR: Thank you, Brian. Stuart, I just want to mention that all the committee members got the submissions and have had a read, so if we could just allow more time for discussion at the end, that is all.

Assoc. Prof. NEWSTEAD: Absolutely. So what I might do to facilitate that is really come to the other slide, where there is substantial difference in what we had put in our submission, which is against term of reference 8, which is about the accuracy and adequacy of road collision data collection. We did not actually put a section in here, but we have some thoughts about that.

I think key in the data collection is there have actually been a number of significant changes in the last decade or so that have affected the accuracy of collision data. There have been decisions by Victoria Police to not collect non-injury data, which were problematic. Subsequently there were changes in TAC policy for claims acceptance, which has changed the basis on which we collect information, and there has also been changes in Victorian hospital admission policy. You put those together and you actually reduce the consistency and the basis for actually reporting crashes, being able to link the information together and being able to know what is happening.

There has been some positive work to try and rectify that, and those are things like linking the police-reported road crash data with hospital admissions and the TAC claims. That has been a real step forward, and I understand that that is now going forward to essentially reconstruct the database back to 2005 in the official records in the VicRoads/Department of Transport road crash information system and the police traffic incident system. But there is still a lot of room for further enhancements.

In New South Wales, for example, they have a linked and unlinked dataset, so hospital admissions not reported by police and hospital admissions that are reported to police, and they report on both of those because there is a substantial quantity of road crash information where it only results in a hospital admission that is never reported to the police, and it is useful to know about those things. So understanding that unlinked data is important, but there are limitations in that. So further linkage with information like Ambulance Victoria data is really important to enhance that information and provide the best basis.

The other thing that I would say is probably a very useful potential future enhancement is trying to get some additional measures of serious injury. A number of these were considered in the parliamentary Inquiry into Serious Injury, but we have not yet got to actually putting those onto our database—things like threat-to-life measures, the abbreviated injury scale and long-term outcomes like a disability-adjusted life year. We really need better measures of serious injuries still, and that has not happened even since the inquiry.

In fact for many of the issues around road safety data there are things we can do in the space of the road collision data, but a lot of the other problems we have are actually in reporting road safety countermeasures. There is a lack of documentation on countermeasure implementation. There is a real hole in understanding travel exposure on the network and how that is impacting road safety, and there are still significant problems with our registration and licensing data in actually that being able to service road safety. So all of those things are elements. We would say there is a chance for significant improvement in collection of data and being able to utilise it for getting the best out of the strategies that we have and actually formulating those strategies.

I think we might leave it there in the interest of time to actually go to questions from the committee.

The CHAIR: Thank you, Stuart. I have agreed with a few of those points—well, many of them.

Mr QUILTY: It seems to me the recommendations of the speed limits are a bit like the Coles prices: they are always down, down, down. In Max Cameron's 2011 paper, *Rationalisation of Speed Limits within the Safe System Approach*, the optimum speed limit for rural freeways and divided roads was set at 125 kilometres per hour for light vehicles and 120 for all vehicles. Later research on the same topic agrees. And if private maintenance cost to vehicles is excluded, you find an even higher optimum. Using well-accepted willingness-to-pay figures agree to this, and it is supported by other studies internationally. So if we are hearing from you that less well-constructed and maintainable roads have lower speed limits which are derived from this study amongst others, why are we not hearing that our better rural roads should have higher speed limits?

Assoc. Prof. NEWSTEAD: Do you want to respond to that, Max?

Prof. CAMERON: Yes, I think you were quoting a number of my reports on this optimum speed question, which, for those also in attendance, is a balance between the costs of road trauma and the travel time benefits of reduced time on the roads, also adding in vehicle operating costs and air pollution emissions. The original work was done using the so-called human capital valuation of crashes, but in recent years I revised that modelling to now use the so-called willingness-to-pay values of road trauma, which places the cost of a fatal accident well over \$9 million, whereas the human capital method was down around \$3 million. That change makes an enormous difference to the social benefits of reduced speeds, and in fact the figures you are quoting with the new calculations would be a maximum of 100 kilometres per hour on all roads except the highest quality freeways and no more than 90 kilometres per hour for trucks. And on low-quality roads, those speeds for both cars and trucks would come down to about 80 kilometres per hour. Now, that is not to say you should set the speed limits at those optimum, but if you are looking to balance road trauma with travel time savings, then those figures should be taken into account, and the value placed by society on road trauma is a key part of that equation.

Mr QUILTY: Economic Connections finds a willingness to pay of \$4.5 million per life, and revealed preferences of people who are driving at greater than 110 kilometres suggests that their willingness to pay is somewhat higher than the figures you are quoting here.

Prof. CAMERON: Look, the analysis used the travel time costs of the different types of vehicle, even separating private vehicles into those used for business use and those for recreation use, and of course the operating costs and travel time costs of commercial vehicles were very high, but I think what really changed the equation was the value placed on road trauma. Previously society was prepared to tolerate quite small costs of fatalities—even \$3 million I guess is not trivial. But these days, according to the surveys using the willingness-to-pay method, society is telling us that it is valuing a fatal crash at well over \$9 million.

Mr QUILTY: I would suggest that regionally people have a higher tolerance for a death [Zoom dropout]. Why does the OECD have anyone who is unhappy to have higher speed limits than we have at only 1 per cent? One country has a lower speed limit than us.

Prof. CAMERON: Well, many countries, including for example France, have been reducing their rural speed limits throughout the rural French road network. On the undivided roads the speed limits have been reduced to 80, so there are differences around the world. Even the Germans are talking about a maximum of 130 kilometres on their highest quality autobahns.

Mr QUILTY: If I can take you to a different point here now to talk about drug driving and particularly as regards THC or cannabis. We know that these tests are returning positive results when people are not impaired while driving, because they are picking up residual cannabis emissions from two days, three days, five days ago. It seems to be a general view in the safety industry that it is fine to punish unimpaired drivers because cannabis is illegal. However, in the next one year, two years, three years we are going to be legalising that. Do you accept that we need a test for impairment—that the test should pick up impairment rather than just exposure if you want community buy-in?

Prof. CAMERON: I guess this question is aimed at me again. Look, the key to effective enforcement is to be able to surveil the presence of the illegal drug on a large scale. Impairment tests of the type you describe are extremely time consuming and it means that you really cannot do enough tests. Now, there are serious questions about the research relating to the role of cannabis in increasing risk, and I do not want to get into that debate. But I can tell you there is no doubt about methamphetamine and many other serious drugs, and we need to be careful if we are going to attack the roadside drug testing program on the basis of the cannabis question and throw the baby out with the bathwater in terms of ice. That would be a serious mistake.

Mr QUILTY: I agree, but I think that goes both ways. By keeping the cannabis testing not picking up if people are unimpaired, you are actually throwing the ice testing argument out by suggesting the other way around.

Prof. CAMERON: Well, the preliminary test of course has to be positive before it goes to the evidentiary test for any of the three proscribed drugs—THC, methamphetamine and MDMA. But the government would not be beyond its wit to change the prosecution threshold for any one of those drugs, THC in particular. At the

moment it is a zero tolerance approach, but many countries, including Great Britain, have lower than zero detection thresholds for prosecution.

Mr BARTON: The trial you did in the City of Yarra, have you actually got numbers in terms of the reduction in accidents where you took it down to 30 compared to previous to that—actual numbers?

Assoc. Prof. NEWSTEAD: Would you respond to that please, Brian?

Prof. FILDES: We actually tried to get some specific accident statistics on the region where the trial was conducted, but of course the trial was relatively small in area and as such there were not very many collisions I think over the last three or four years prior to the trial. I think there was certainly one fatality and maybe a few serious injuries. But again, you have to get to think of what the benefits are beyond the pure trial area. So if you were to equate that to the whole of the City of Yarra, which is what they want, as well as other councils—and all of those have been very interested in this trial—then obviously the numbers become much larger. But we have not actually done that. We have purely rated our estimate of what the benefits would be based on the risk curves associated with plotting speed against either fatalities or serious injuries, and that is how we arrived at the 4 to 6 per cent.

Mr BARTON: I just want to ask about other drug testing. I understand cocaine is not tested; people are not being tested for cocaine. Is that true?

Prof. CAMERON: No, cocaine is not one of the three proscribed drugs in Victoria, but it is in New South Wales.

Mr BARTON: So it can be tested for but we are just not doing it?

Prof. CAMERON: That is correct. The testing equipment that is commonly used throughout Australia now by Securetec, there are versions of it that cover the three drugs in Victoria plus cocaine.

Mr BARTON: Do you know why our government does not do it?

Prof. CAMERON: I do not know. No, I think on this occasion the question may be best asked of the New South Wales government, why they added it, and that could be useful information for the Victorian government.

Mr TARLAMIS: Thank you for your submission and contributions today. Your submission calls for funding to be extended beyond the current funding schedules to continue to provide wire rope barriers. Why do you see that program as being so beneficial and that it should be continued beyond that?

Assoc. Prof. NEWSTEAD: Would you like to respond to that, David?

Dr LOGAN: Certainly. The wire rope barriers are a proven measure in reducing run-off-road and head-on fatalities on high-speed regional roads. They eliminate probably 80 to 90 per cent of fatality and serious injury in comparison with no barriers at all. So they are a very effective countermeasure.

Mr TARLAMIS: Just following on from that, as a panel that has done a lot of research in this area, what would you say is the most effective infrastructure treatment to reduce road trauma?

Dr LOGAN: Are you talking about urban areas or regional areas?

Mr TARLAMIS: Both.

Dr LOGAN: Certainly in regional areas the key to improving road safety is effectively matching infrastructure quality and speed limits. If you want to maintain the speed limits that we currently have on key regional routes, then you need to improve infrastructure. Fitting wire rope barriers as one particular measure is a way of allowing those speeds to continue at the levels that we currently have. But for the vast majority of the road network where it is not possible to fit wire rope barrier or other measures, it is important to make sure that the speed limits are matched to the quality of the road, which means typically 80 kilometre-an-hour speed limits on many of the unimproved, undivided two-way roads that we have in regional areas. So it is a case of having

infrastructure where you want to maintain the speeds or reducing the speeds so that when crashes occur they are not fatal or serious injury crashes in the rest of the areas.

Mr TARLAMIS: And just finally, in your opinion where does Victoria sit in the global scale of road safety?

Dr LOGAN: We perform probably in the top maybe 20 per cent or so I would say, without being able to work out the figures directly. But it is of that order. We have a fairly good rate overall. The rate in regional areas, however, is probably worse than the world average. We make up for it by having better safety in the urban areas.

Assoc. Prof. NEWSTEAD: Just if I can add to that point, the issue of road infrastructure expenditure and why it is actually important to keep, if you are aiming for a system where you can combine mobility with safety you really need to focus on upgrading that infrastructure. Otherwise your only real choice to improve safety is to reduce the speed limits to reduce the severity of the outcomes when these accidents happen. That is really the compromise you are making that David was pointing to. If you do not do anything and you want to improve safety, one of your only options left is to reduce the speed limits. So really if you want to keep that mobility up, you really have to invest in that infrastructure to go with it.

Mrs McARTHUR: Thank you, team. Can I just ask out of curiosity: do any of you live and work in rural Victoria?

Assoc. Prof. NEWSTEAD: No. I think the answer is no, but one of the recent studies we have done has looked at outer urban areas. In fact some of the most dangerous and over-represented roads are in the outer urban area, and a number of us actually do live there, so we can actually experience day to day what some of the problems are. But we certainly travel and have exposure to the regional areas, so we have some knowledge, but not as residents, if you like.

Mrs McARTHUR: Hence you would do a survey of the City of Yarra inside the tram tracks—really relevant to what we might all think about reducing the speed limit. My car will not even go down to 30, if I try and put the cruise control on. We in country Victoria are burdened by dreadfully badly maintained roads and built roads and we have got heavy vehicles and a lot of commerce using the roads, and we also have a lot of tourists these days and many of them do not know how to drive on rural roads and divided highways. So we are particularly disadvantaged.

But I want to go to the recent Auditor-General's report, which is quite scathing about the rollout of wire rope barriers, of which you have been prominent proponents. I am just wondering: do you believe that the flexible barriers reduce the incidence of casualties by 85 per cent, as claimed by VicRoads, or can you confirm that the study actually showed a reduction of 56 per cent? So who is right? Are they misinterpreting your statistics or who should we believe here?

Assoc. Prof. NEWSTEAD: Well, I have had a lot of involvement in reviewing the Auditor-General's report and responding to it. You may have actually heard me speaking on the radio the other morning about this very issue. And I think the Auditor-General's report has actually misconstrued the issue a little bit. It actually interprets a study we did some years ago now. One of the difficulties in that study that the Auditor-General seems to have overlooked is that many of the sites that were evaluated to get that average 56 per cent were actually only partially treated sites. But I agree, the record keeping has been quite poor by the Department of Transport and so it was actually not possible on those road links to ascertain exactly where the barrier was. So we were looking at an average effect across a partially treated road, which is why we got the average 56 per cent.

Now, if you look at two of the particular sites in that study, which were totally treated roads—and they were the Hume Highway, the southern section, and the Eastern Freeway—the reduction in serious casualty crashes on those roads was actually in the order of 85 per cent, which is actually quite consistent with overseas studies that have looked at similar performance of those barriers. So my response is certainly that I think the Auditor-General has misinterpreted the information at their beck and call. Now, there is always an argument whether you should use the most conservative statistical estimate or whether you should use the average, but certainly in this instance they have been incredibly conservative in saying it is only 56 per cent. We certainly believe from a raft of evidence, including some field trials of actual crash tests into those barriers, that the

effectiveness on continuous lengths of rollout is likely to be far more than the 56 per cent that they were asking to be assumed and it is probably more like 75 per cent plus. But it certainly highlights what I focused on in the data section: if you do not have adequate record keeping, it is hard to provide that standard of evidence that we need. But certainly my response is I think it is more likely to be at the top end of that estimate rather than the bottom, that the Auditor-General has assumed.

Mrs McARTHUR: Well, if we do not have accurate data—and we have heard that from numerous presenters already, and I am particularly concerned that we do not include the data of non-hospital accidents in the road data, even the near misses, which we anecdotally can produce all round rural Victoria—how can you actually justify that the government should spend half a billion dollars on one area of road safety, and that is the rollout of wire rope barriers? That is the rollout, and the maintenance is extremely problematic, and in areas overseas wire rope barriers are being removed and replaced with the cement forms of barriers, and they do not run in continuous lines on both sides of the roads down the middle twice and even divide single-lane roads. So if the data is not accurate, how can you possibly argue that more money should be spent on this one particular area, which the TAC seems to be so attracted to, and is the government or the TAC paying you for this research?

Assoc. Prof. NEWSTEAD: Well, certainly the standard of evidence, not across only our studies but other studies, suggests that these are good. The field trials that we did compared wire ropes performance in actual crash tests with the concrete barrier that you talk about. In the field trial, the experimental tests, when a car was run—and it is a typical run-off-road crash that we have in Victoria—at 80 kilometres an hour at 45 degrees into the concrete barrier it flipped the car over, tore the dummy's arm off and destroyed the car. In the same crash into the wire rope barrier the car could be repaired and crash tested again, the damage was so little, and that tells you about the energy absorption that that sort of barrier gives.

We are not paid to give an answer; we are paid to do research. We are certainly not paid to get an answer for anyone.

Mrs McARTHUR: But you are paid by the government?

Assoc. Prof. NEWSTEAD: Absolutely. That is how the funding model works.

Mrs McARTHUR: Thank you.

Assoc. Prof. NEWSTEAD: It would be disastrous for us to be buying answers for people. That would be problematic. Much of our work, and in fact the study that we talked about, has been peer reviewed, so it is not our opinion and our sole opinion that has gone to the government; it is actually a peer reviewed study as well. So I would take note that whenever possible we have our work independently peer reviewed as well to save that criticism of buying an answer.

Mr MEDDICK: Chair, I had an enormous number of questions, but given the amount of time I just want to reduce this down to something very, very simple. I, too, looked at the Auditor-General's report, and I did have the advantage of hearing Stuart on the radio. I want to address each one of you as members of the community, not from the work that you do. If I was a contractor approaching you as affected members of the community and told you that I could offer you a solution to reduce transport accidents and fatalities by 56 per cent, that would be something that you would think would be advantageous to the community I think, would you not?

Assoc. Prof. NEWSTEAD: Absolutely.

Mr MEDDICK: Absolutely, I would agree. And I have referred specifically to the Auditor-General's report and the fact that we were talking about the wire rope barriers being 80 per cent-plus effective, but that refers to a completed system across the entire state, correct, not a partially completed system, as we have now?

Assoc. Prof. NEWSTEAD: Correct. The 85 per cent is based on the two sites in our study that were complete treatments with wire rope barrier. And it was not our recommendation for the government to choose that as a reference, but my understanding is that is why they chose that as the reference for the work that they were doing, given they were going to complete the treatments along the route.

Mr MEDDICK: So if we are to realistically review the effectiveness of the wire rope barriers, we should really be waiting until the completed system is rolled out across the state, have the complex data collection that we might need along the way to be able to say definitively at the end, 'Well, there it is. There is your 85-plus percentages'. We can take a mean from the completed areas now, certainly, but it is perhaps being a little overly harsh to turn around and say, 'Well, 56 per cent is just not good enough'. I would think that that actually equates to some very good outcomes for some people and their families.

Assoc. Prof. NEWSTEAD: A huge number of good outcomes, and that 56 per cent would be double the average estimate of the rest of the infrastructure program, so, yes.

The CHAIR: Thank you very much. On behalf of the committee I would like to thank everyone from the Monash University Accident Research Centre and all of you for your presentations, your contributions and the submissions, which I enjoyed reading; some interesting datasets there. We need to move on to our next speaker now, so I will need to cut across there, but thank you all. Thank you very much.

Witnesses withdrew.